MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07292

Reg. Dist. No. 230

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Heights
LENGTH OF STAY (In this place) 1 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Heights
STREET ADDRESS (If rural, give location) 8606 56th Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Michelle Rose Aleshire
4. DATE OF DEATH (Month) (Day) (Year) July 5 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 22 July 1952
9. AGE last birthday yrs. If under 1 year Months Days 11 15 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ernest E. Aleshire
14. MOTHER'S MAIDEN NAME Betty K. Ward
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Betty K. Aleshire Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

057.1 Immediate cause (a) Waterhouse-Friedrichson Syndrome

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Meningococcus meningitis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John W. Maloney (Degree or title) M.D. ADDRESS Dep. Med. Exam. Hyattsville Md DATE SIGNED 7-5-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 6, 1953
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
LOCATION (City, town, or county) Bladensburg (State) Md.
DATE REC'D BY LOCAL REG. 7-5-1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gaskins Sons Hyattsville Md ADDRESS

John D. Smith Jmnt. 207 2222 385

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07293

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 3 day - 30
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural give location) 6805 - Flandish Dr

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) N. (Last) Armstrong

4. DATE OF DEATH: (Month) July (Day) 16 (Year) 1953

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 8-13-1871

9. AGE last birthday: 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Wallace

14. MOTHER'S MAIDEN NAME: Mary Jane Royer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT'S ADDRESS: J. D. Armstrong

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.0 Immediate cause	(a) Congestive heart failure	2 mos.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic heart disease	10 yrs.
	DUE TO (c) Generalized arteriosclerosis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/13/53, 19..... to 7/16/53, 19....., that I last saw the deceased alive on 7/15, 1953, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Julius Langsdorf, M. D. 5102 Annapolis Rd., Bladensburg, Md. 7/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 7/20/53 — NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL — LOCATION (City, town, or county) FORT MYER — (State) VA.

DATE REC'D BY LOCAL REGISTRAR 7/16/53 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J WM LEE'S SONS — ADDRESS 300-4th St N.E.

VS. A15

RECEIVED
JUL 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07294

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kentland X
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7636 Kilmer St. X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY PG.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Same X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Genevieve (Middle) (Last) Barasciak
4. DATE OF DEATH: (Month) July (Day) 15, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 9,
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland 56
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Blazen Krupa
14. MOTHER'S MAIDEN NAME: Josephine Barasciak

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Police Records or Report

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443X
Immediate cause (a) Stroke — Interval Between Onset And Death 3 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardio-Vascular disease — 10 years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1952, to July 13, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 2 PM, from the causes and on the date stated above.

SIGNATURE Thomas M. Hutchins (Degree or title) M.D. ADDRESS 7315 Landover Rd. Hyattsville Md. DATE SIGNED 15 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/17/53
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) (State) Colmar Manor, Md.
DATE REC'D BY LOCAL REGISTRAR 7/15/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gauch's J. Wm. Lee's Sons, ADDRESS 300-4th St. N.E., Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 22 1953
BUREAU V. S.

#3783
C7295

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glendale
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Grover (Middle) Cleveland (Last) Beall
4. DATE OF DEATH: (Month) 7 (Day) 14 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/25/1889.
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: William Thos. Beall
14. MOTHER'S MAIDEN NAME: Willie Amanda Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Wife - Same Address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John J. Maloney — (Degree or title) M.D. Dep. Med. Exam — ADDRESS: Hyattsville, Md — DATE SIGNED: 7-14-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/17/53 — NAME OF CEMETERY OR CREMATORY: Holy Trinity — LOCATION (City, town, or county): Collington — (State): Md

DATE REC'D BY LOCAL REG.: 7/15/53 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Gaseta sons — ADDRESS: Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 29 1953
BUREAU V. S.

07296

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Washington, D.C. COUNTY 48-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Hill LENGTH OF STAY (In this place) Transit	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS In old shed at Marlow Heights	STREET ADDRESS (If rural, give location) 1728 Montello Ave.

3. NAME OF DECEASED (Type or Print)	(First) Huston	(Middle) Delaware	(Last) Beverly	4. DATE OF DEATH	(Month) July	(Day) 23	(Year) 1953
5. SEX male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 4/30/1902	9. AGE last birthday 51 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY General Work	11. BIRTHPLACE (State or foreign country) Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Clifford Beverly		14. MOTHER'S MAIDEN NAME Janie Day	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. ?	17. INFORMANT AND ADDRESS Emma Beverly (Wife) Same as # 2	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434.1 Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James I. Bond M.D. (Degree or title) ADDRESS Forestville Md DATE SIGNED 7-28-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 31-53	NAME OF CEMETERY OR CREMATORY Woodlawn	LOCATION (City, town, or county) Washington	(State) D.C.

DATE REC'D BY LOCAL REG. 7/31/53	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR Harden Funeral Home	ADDRESS 305-H NW
8/5/53	Howard I Brace		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07297

CERTIFICATE OF DEATH

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 4205 30th Ave
Mt. Rainier
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier, Md
LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural give location) 4205-30th. St.

3. NAME OF DECEASED: (Type or Print) (First) Basil (Middle) B (Last) Blair

4. DATE OF DEATH: (Month) 7 (Day) 27 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-15-1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Custodian

10b. KIND OF BUSINESS OR INDUSTRY: Md. School Board

11. BIRTHPLACE (State or foreign country): Richmond, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James E. Blair

14. MOTHER'S MAIDEN NAME: Annie Duke

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-09-4212

17. INFORMANT & ADDRESS: Charlotte B. Powell 4205-30th. Street.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
443X Immediate cause	(a) Pulmonary Edema DUE TO	30 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Hypertensive Cardio Vascular Disease DUE TO	1 year
	(c) Complete Obliteration of Right Lung	5 + yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the death or condition causing death. Bronchial Asthma — 5 + yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-27-1953, to 7-27-1953, that I last saw the deceased alive on 7-14-1953, and that death occurred at 10:30 PM from the causes and on the date stated above.

SIGNATURE Waldo B. Murray (Degree or title) M D ADDRESS 3503 Perry St. Mt. Rainier Md DATE SIGNED 7-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 7-30-53 NAME OF CEMETERY OR CREMATORY Oakwood Cemetery LOCATION (City, town, or county) (State) Richmond Va.

DATE REC'D BY LOCAL REGISTRAR 7/28/53 REGISTRAR'S SIGNATURE Amanda Dorsey

24. FUNERAL DIRECTOR Valley's Funeral Home ADDRESS 3206-R.I. Ave. Mt. Rainier, Md.

Aug 6 1953 James Sivey

VS. A15

RECEIVED
AUG 6 1953
BUREAU V. S.

17299

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 342

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS North Keyser Ray

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) North Keyser Ray

3. NAME OF DECEASED (Type or Print): (First) Lena (Middle) Leon (Last) Brown
4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 15, 1864
9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Carroll A. Brown, Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4424

Immediate cause (a) Acute Coronary Insufficiency

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Samuel [illegible] M.D. — 7-3-53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF 7-5-1953 — NAME OF CEMETERY OR CREMATORY Rosaryville — LOCATION (City, town, or county) Rosaryville — (State) Md.

DATE REC'D BY LOCAL REG. July 3, 1953 — REGISTRAR'S SIGNATURE Carrie L. Campbell — 24. FUNERAL DIRECTOR — ADDRESS Myrtle K. Rollins — 4339 Hunt Pl. N.E. D.C.

RECEIVED
JUL 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5402 - 40th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. — COUNTY Adams
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Berlin.
STREET ADDRESS (If rural, give location) W. King St.

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) Emma (Last) Brown

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 28 Aug 74

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home maker

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Adams Co. Pa.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Bosserman

14. MOTHER'S MAIDEN NAME: Maddalene Baer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY No.: No.

17. INFORMANT AND ADDRESS: Isabel Mae Wherley 5402 - 40th Ave Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

411.4

Immediate cause (a) Acute Congestive Heart Failure — 24 hrs

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Heart Disease — 10 yrs

(c) Gereraliged Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1939, to 10 July ....., 1953, that I last saw the deceased alive on 10 July ....., 1953, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas E. Mattingly M.D. 2200 R.I. Ave. N.E. Wash. 18, D.C. 10 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: July 11, 1953 — NAME OF CEMETERY OR CREMATORY: Hanover — LOCATION (City, town, or county) (State): Pennsylvania

DATE REC'D BY LOCAL REG.: July 11, 1953 — REGISTRAR'S SIGNATURE: James Devey

24. FUNERAL DIRECTOR: F Gasch's Sons — ADDRESS: Hyattsville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

RECEIVED
JUL 14 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05309

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cheverly, Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Geo. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wilbur (Middle) (Last) Buckler

4. DATE OF DEATH: (Month) July (Day) 17, (Year) 19 53

5. SEX: M

6. COLOR OR RACE: N

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 24, 1921

9. AGE Last birthday: 31 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Leo Buckler

14. MOTHER'S MAIDEN NAME: Agnes Estelle Williams

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Raymond Buckler Charlotte Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fever - overwhelming toxemia

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cachexia

DUE TO

(c) Hodgkin's Disease (Sarcoma)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6, 1953 to 7-17, 1953, that I last saw the deceased alive on 7-17, 1953, and that death occurred at 5:55 P.M., from the causes and on the date stated above.

SIGNATURE Benjamin S. Miller M.D. (Degree or title) ADDRESS Mt. Rainier Md DATE SIGNED July 18 53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7/20/1953 NAME OF CEMETERY OR CREMATORY St Josephs LOCATION (City, town, or county) (State) Morganza Md

DATE REC'D BY LOCAL REGISTRAR 7/18/53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Joseph L. Mattingly ADDRESS Leonardtown Md

RECEIVED
JUL 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural give location) 2315 Riverdale Road

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Thos (Last) Cameron

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: 11-4-1869

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Dessey

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) " (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Thomas B Reece Riverdale Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.0
Immediate cause (a) Myocardial Infarction — 2 wks ?
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Coronary Thrombosis — 2 wks ?
DUE TO
(c) Arteriosclerotic Heart Disease — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11 ..., 1953, to 7-20 ..., 1953 that I last saw the deceased alive on 7-20 ..., 1953 and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) John P. Clum M.D. ADDRESS Hyattsville Md DATE SIGNED 7-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 7/23/1953 — NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery — LOCATION (City, town, or county) Colmar Manor (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-22-1953 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR Pascal Zone — ADDRESS Hyattsville Md

VS. A15

RECEIVED
JUL 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (In this place) 15 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Hgts; STREET ADDRESS (If rural give location) 6110 H st.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Cash

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 19 53

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 6-26-53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 15; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prince George Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Cash

14. MOTHER'S MAIDEN NAME: Grace ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: William Cash 6110 H st Fairmont Hgts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage diffuse DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Respiratory collapse DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19.., to ..... , 19 .., that I last saw the deceased alive on ..... , 19....., and that death occurred at 3.45 P.M., from the causes and on the date stated above.

SIGNATURE Thomas C. Christensen (Degree or title) Md ADDRESS College Park Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 7-13-53 NAME OF CEMETERY OR CREMATORY Woodlawn LOCATION (City, town, or county) Benning Rd (State) D.C.

DATE REC'D BY LOCAL REGISTRAR 7-12-53 REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Henry J. Washington & Sons ADDRESS 467 N st. D.C.

2062319406

RECEIVED
JUL 23 1953
BUREAU V. S.

303

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 10 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Agattsville
STREET ADDRESS (If rural give location) 13 - Kennedy St

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) (Last) Chinn

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1953

5. SEX: M
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-19-1892
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Alexandria, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin Chinn
14. MOTHER'S MAIDEN NAME: Emily Jackson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Beatrice Chinn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 1 day

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to July 1, 1953 that I last saw the deceased alive on July 1, 1953, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Benjamin S Miller MD
ADDRESS Mt Rainier Md
DATE SIGNED July 1 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7-6-53
NAME OF CEMETERY OR CREMATORY Lincoln Memorial
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR 7/1/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR John T. Rhines & Co
ADDRESS 901 3rd St SW Wash. DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 15 1953
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE Maryland — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY in this place: Dec. — HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland — STREET ADDRESS (If rural, give location) 2303-59th Ave.

3. NAME OF DECEASED (Type or Print): (First) John — (Middle) Clifton — (Last) Copeland

4. DATE OF DEATH: (Month) (Day) (Year) 7-6-53

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOW(ER), DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-18-76

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Truck Cultivator

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 7

17. INFORMANT AND ADDRESS: Pearl Z Copeland — Somerset #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4424 Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Hyattsville Md 7-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE OF INTERMENT July 6, 1953 — NAME OF CEMETERY OR CREMATORY Henry J. Washington Sons — LOCATION (City, town, or county) Washington, D.C. — (State)

DATE REC'D BY LOCAL REG. 7/9/53 — REGISTRAR'S SIGNATURE Amanda Dorsey — 24. FUNERAL DIRECTOR Henry J. Washington Sons Fun. Home — ADDRESS Wash. D.C.

RECEIVED
JUL 20 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3305

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 3½ Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Convalescent & Nursing Home 5801 - 42nd Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural give location) 9525 - 49th Ave.

3. NAME OF DECEASED: (Type or Print) (First) TELLIE (Middle) ELIZABETH (Last) COPPING

4. DATE OF DEATH: (Month) JULY (Day) 20 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Dec. 30, 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Paris, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES K.T. SMITH

14. MOTHER'S MAIDEN NAME: Sallie ALLEN BENNETT

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: BENNETT S. COPPING 10608 SWEETBRIAR PKWAY, HILLANDALE, SILVER SPRING, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Respiratory failure	15 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Cerebrovascular accident	6 months
	(c) DUE TO Generalized and cerebral arteriosclerosis	Years

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 June, 1953, to 20 July., 1953, that I last saw the deceased alive on 14 July, 1953, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hugh S. Berger, Jr., M.D. ADDRESS 2716 Kirkwood Place, Apt. 102 W. Hyattsville, Maryland DATE SIGNED July 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 22, 1953 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery LOCATION (City, town, or county) (State) Prince George's County, Md.

DATE REC'D BY LOCAL REGISTRAR July 21, 1953 REGISTRAR'S SIGNATURE James Dercy

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 23 1953
BUREAU V. S.

306

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bell Nursery

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D.C.
STREET ADDRESS (If rural, give location) 4602 Sargent Rd. N.C.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Joseph (Last) Duvall
4. DATE OF DEATH (Month) July (Day) 5 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 30 May 1953
9. AGE last birthday yrs. If under 1 year Months 1 Days 5 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph J. Duvall
14. MOTHER'S MAIDEN NAME Genevieve R. Ryan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Joseph J. Duvall Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

571.0 Immediate cause (a) Exhaustion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gastroenteritis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mongoloid

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John W. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Hyattsville, Md. DATE SIGNED 7-5-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-6-1953
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. July 5, 1953
REGISTRAR'S SIGNATURE James Tevey
24. FUNERAL DIRECTOR F. Dasch's Sons ADDRESS Hyattsville, Md.

9V 5399 99V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
LENGTH OF STAY (in this place) 1 yr. 1 mo. 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4601 Leland St.

3. NAME OF DECEASED (Type or Print) (First) LAURA (Middle) M. (Last) DYSINGER
4. DATE OF DEATH (Month) (Day) (Year) 7-19-1953
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH 12-16-1867
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nov any
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME E. W. McCohn
14. MOTHER'S MAIDEN NAME Martha Mobely Chevy Chase, Md.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Do not know
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Miss Mobel Dysinger 4601 Leland St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
422.1 Immediate cause	(a) Chronic Myocarditis	Several Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Endocarditis	" "
	(c) General Arteriosclerosis	" "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-, 1952, to 7-19, 1953, that I last saw the deceased alive on 7-19-, 1953, and that death occurred at 9 A. m., from the causes and on the date stated above.

SIGNATURE James P. Landa, M.D. (Degree or title) ADDRESS Laurel Sanitarium, Laurel, Md. DATE SIGNED 7-19-1953

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7/19/53
NAME OF CEMETERY OR CREMATORY Rockville Undertaker
LOCATION (City, town, or county) (State) Rockville, Md.

DATE REC'D BY LOCAL REG. July 19-53
REGISTRAR'S SIGNATURE M. Brashears
24. FUNERAL DIRECTOR Robert H. Pump Prey 7557 Wisc Ave Bethesda Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH COUNTY: Sr Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. RAINER — LENGTH OF STAY (in this place): 4 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3201 Queenstown Dr

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md — COUNTY: Sr Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Rainer
STREET ADDRESS (If rural, give location): 3201 Queenstown Dr

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) SMITH (Last) ELLIOTT
4. DATE OF DEATH: (Month) JULY (Day) 3 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 14, 1869
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hospital
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): DENMARK
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Schmidt
14. MOTHER'S MAIDEN NAME: Margaret Anderson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: W. W. ELLIOTT Mt RAINER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X Immediate cause (a) Generalized Carcinomatosis — 6 MOS.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Colon — 6 MOS+

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: Aug 1952
19b. MAJOR FINDINGS OF OPERATION: Carcinoma Colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from JAN, 1953 to JULY, 1953, that I last saw the deceased alive on JULY 2, 1953, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE: Alb. Etienne (Degree or title) M.D. — ADDRESS: College Park, Md. — DATE SIGNED: 7-3-53

23. BURIAL, CREMATION REMOVAL (Specify): Buried
DATE THEREOF: July 6 1953
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: July 13 1953
REGISTRAR'S SIGNATURE: James Davey
24. FUNERAL DIRECTOR: S H Hines Co — ADDRESS: 2901 14th NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland — LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5624 Belt Ave A2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY U.S.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 5624 Belt Ave A2

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Isabelle (Last) Estep
4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: June 10 1874
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Pearson
14. MOTHER'S MAIDEN NAME: Lucy E. Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Virginia P. Evans, Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

197.1 **Immediate cause** (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Carcinomatosis (Primary site unknown)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1952, to July 21, 1953, that I last saw the deceased alive on 7-21-, 1953, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James D. Boyd M.D. — ADDRESS Forestville Md — DATE SIGNED 7-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 7/25/53 | NAME OF CEMETERY OR CREMATORY Evans Chapel | LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 7-22 | REGISTRAR'S SIGNATURE Amanda Howard | 24. FUNERAL DIRECTOR ADDRESS Dunkley Hanson

1953 Howard Beall 7-25 / Georgia Ave. Wash. D.C.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7310

Reg. Dist. No. 234

1. PLACE OF DEATH
COUNTY Prince George's Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5514 - Addison Road S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District Of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 1315 - 61st. Place S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CATHERINE		FARLEY	July	18th.	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Nov. 13-1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None-life	Domestic	Philadelphia, Pa.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Martin	Margaret Finlen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Catherine Farley- 1315 - 61st. Place SE Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
162 X Immediate cause	(a) Infiltrations of both lungs due to primary or secondary cancer	few weeks
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 9, 1953, to July 18, 1953, that I last saw the deceased alive on July 18, 1953, and that death occurred at 11:15 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. L. Rawles	M.D.	1503 Good Hope Rd. S.E.	July 18 '53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 21-53	Cedar Hill Cemetery	Suitland, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 18-53	Howard L. Reed	Simmons Bros	2007 Nichols Ave S.E. Wash D.C.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2031

1. PLACE OF DEATH: COUNTY Pr. Geo. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (In this place) 1/2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4301 5th St. Street at work

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 4905 Varnum St.

3. NAME OF DECEASED (Type or Print) (First) Maggie (Middle) E. (Last) Farmer

4. DATE OF DEATH (Month) 7 (Day) 25 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 15 Nov. 1899
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY Self.
11. BIRTHPLACE (State or foreign country) Balto., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ? Scott
14. MOTHER'S MAIDEN NAME Myrtle ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS Alfred Farmer (Son) Same as #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Deg. Med. Exam. Hyattsville Md 7-25-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7/28/53
NAME OF CEMETERY OR CREMATORY Garvis Funeral Home
LOCATION (City, town, or county) Washington (State) DC

DATE REC'D BY LOCAL REG. 7-26-1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasche Sons ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUL 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ~~242~~ 234

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Clinton; LENGTH OF STAY (in this place) 4 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Clinton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box L 84	STREET ADDRESS (If rural, give location) Box L 84

3. NAME OF DECEASED (Type or Print)	(First) IDA	(Middle) MAY	(Last) FILL	4. DATE OF DEATH	(Month) July (Day) 8th, (Year) 1953
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept.9, 1873	9. AGE last birthday 79 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Croome, Md	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Benjamin W. Cranford	14. MOTHER'S MAIDEN NAME Mary Ellen Hook				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs.Gladys L.Brightwell, Box L 84 Clinton, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442X Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

904.9 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of right hip — April 7, 1953

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James J. Boyd M.D. Forestville Md 7-8-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF July 10/53	NAME OF CEMETERY OR CREMATORY CEDAR HILL CEMETERY	LOCATION (City, town, or county) (State) SUITLAND, Pr. Geo. Co., Md
DATE REC'D BY LOCAL REG. July 9. 1953	REGISTRAR'S SIGNATURE [signature] Howard Beall mab	24. FUNERAL DIRECTOR W.W.Chambers Co.	ADDRESS 517--11th Street, SE Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ...

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Hts
LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1032-58th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural, give location) 1032-58th Ave

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) W. (Last) Forrest
4. DATE OF DEATH (Month) 7 (Day) 14 (Year) 1953

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1-31-1889
9. AGE last birthday 64 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - U. Nat. Emp.
10b. KIND OF BUSINESS OR INDUSTRY Letter Carrier
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Reason T. Forrest
14. MOTHER'S MAIDEN NAME Rachael Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Wife - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ___ OR CONTRIBUTING ___ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John S. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Hyattsville Md. DATE SIGNED 7-14-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-18-53
NAME OF CEMETERY OR CREMATORY Woodlawn
LOCATION (City, town, or county) (State) DC

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR John T. Stewart ADDRESS 30 H St. N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15A

RECEIVED
JUL 2[illegible] 1[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07314

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly Md. — LENGTH OF STAY (in this place) 36 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville, Md. —
STREET ADDRESS (If rural give location) 5714 - 41st Ave. —

3. NAME OF DECEASED: (Type or Print) (First) Lydia (Middle) [illegible] (Last) Haeussler

4. DATE OF DEATH: (Month) July (Day) 17, (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Dec. 4, 1874

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Massachusetts

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Kasper Mueller

14. MOTHER'S MAIDEN NAME: Mane Klein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 026-10-7385 D

17. INFORMANT & ADDRESS: Mrs Haeussler Hyattsville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset And Death: 36 days

Antecedent causes (b) DUE TO Hypertensive Cardio Vascular Disease Unknown
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to July 17..., 19 53, that I last saw the deceased alive on July 17..., 19 53, and that death occurred at 8:45 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Gordon W. Kelley MD — ADDRESS 6124-41st Ave — DATE SIGNED July 17 '53

23. BURIAL, CREMATION, REMOVAL (Specify) Interment — **DATE THEREOF** 7/18/53 — **NAME OF CEMETERY OR CREMATORY** Springfield — **LOCATION** (City, town, or county) (State) Hyattsville Md

DATE REC'D BY LOCAL REGISTRAR 7-18-1953 — **REGISTRAR'S SIGNATURE** Amanda Wonzo

24. FUNERAL DIRECTOR Beacham & Sons — **ADDRESS** Hyattsville Md

RECEIVED
[illegible] 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

315

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5520 Parkland Court
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5520 Parkland Court	STREET ADDRESS (If rural, give location) Suitland Md

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Seldon	(Last) Hall	4. DATE OF DEATH	(Month) 7/2/53 (Day) (Year) 19
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 2/15/1880	9. AGE last birthday 73 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker	10b. KIND OF BUSINESS OR INDUSTRY Mt Olivet Cemetery		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Arthur Hall			14. MOTHER'S MAIDEN NAME Mary Tydings		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY No. none		17. INFORMANT AND ADDRESS Norris M Hall Suitland Md		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 X

Immediate cause (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular, renal disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubital ulcer, fracture neck fit [illegible]

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) [illegible] ADDRESS Forestville, Md DATE SIGNED 7-3-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/4/53	NAME OF CEMETERY OR ~~CREMATORY~~ Mt Oaks	LOCATION (City, town, or county) (State) Woodmore Maryland
DATE REC'D BY LOCAL REG. 7-4-1953	REGISTRAR'S SIGNATURE Amanda Downey [signature]	24. FUNERAL DIRECTOR F Gasch's Sons	ADDRESS Hyattsville Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 8 1973
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07316

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15-1

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier; LENGTH OF STAY (In this place) 23 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4113 30th Street,.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier Md; STREET ADDRESS (If rural, give location) 4113 30th Street,.

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) Lucille (Last) Hawk

4. DATE OF DEATH: (Month) July (Day) 12, (Year) 1953- 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 13, 1906

9. AGE last birthday: 47 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: R. F. Rogers

14. MOTHER'S MAIDEN NAME: Bessie Daniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of [redacted]) no

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Clerc W Hawk Mt. Rainier Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis 2/2/52 — Interval Between Onset and Death: 7/12/53

163X Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Lung 2/2/52

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2/52, 19..., to 7/12..., 1953 that I last saw the deceased alive on 7/12..., 1953, and that death occurred at 11 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert K Hall M.D. ADDRESS 7722 Tulane St Hyatt DATE SIGNED 7/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/14/53 — NAME OF CEMETERY OR CREMATORY: George Washington Cemetery — LOCATION (City, town, or county) (State): Hyattsville Md

DATE REC'D BY LOCAL REG. July 14 1953 — REGISTRAR'S SIGNATURE Mrs. Jas. Lavere Schultz

24. FUNERAL DIRECTOR: F Gasch's Sons — ADDRESS: Hyattsville Maryland.

RECEIVED
JUL
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

317

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
LENGTH OF STAY (In this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 - One mile S of 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roger	W.	Holmes	July	17	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Write)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	Colored	married	May 10	34 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Helper on truck		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thorton Holmes	Mary Fleet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs Mary Holmes, Upper Marlboro

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
8/2X Immediate cause	(a) Hemorrhage and shock	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushed chest and abdomen	
	(c) Compound fracture of right leg	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rte 301	(CITY OR TOWN)	(COUNTY)	(STATE)
		Upper Marlboro	P G	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
July	17	1953	11:00 a.m.		☒	Pedestrian struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyd M.D.		Forestville Md	7-18-53

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	July 22/53	National Cem.	Annapolis	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 21, 1953	John F. Danner.	J. B. Johnson	Annapolis

22

RECEIVED
AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2445

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK
LENGTH OF STAY (in this place) ONE MONTH
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7115 GARLAND AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PHILADELPHIA, PA. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PHILADELPHIA
STREET ADDRESS (If rural, give location) 522 N. DARNOLL AVE

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) A. (Last) LOEL
4. DATE OF DEATH: (Month) JULY (Day) 15, (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F		WIDOWED	JULY 23, 1895	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE	OWN HOME	NEW JERSEY	U.S.A.

13. FATHER'S NAME: JACOB I. MORRELL
14. MOTHER'S MAIDEN NAME: TRIAX.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		MRS DOROTHY J. COLE, 7115 GARLAND AVE., TAKOMA PK. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ABDOMINAL METASTASES	4 MONTHS
180X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ADENO-SARCOMA of Kidney, POST-operative	over 8 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec. 4, 1952	ADENO-SARCOMA, Left Kidney	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from JUNE 15, 1953, to July 15, 1953, that I last saw the deceased alive on July 15, 1953, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Israel Kissin, M.D. 721 Decatur St. N.W., Wash., D.C. 15 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	July 17 1953	LORTH WOOD CEMETERY	PHILADELPHIA PA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 17 1953	James Devers	[illegible]	[illegible]

RECEIVED
JUL 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07319

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillside
LENGTH OF STAY (in this place) 28 yrs.
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS 5301 O St. S.E. Hillside, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillside
STREET ADDRESS (If rural give location) 5301 O St.

3. NAME OF DECEASED: (Type or Print) (First) Rachel (Middle) Anne (Last) Keech

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, (WIDOWED) DIVORCED, (Specify):

8. DATE OF BIRTH: Sept. 26, 1870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? Johnson

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Eleanor Foley, 5301 O St. Hillside Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

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Immediate cause (a) Cardiac Arrest + — Interval Between Onset And Death: immed.

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to July 19, 1953, that I last saw the deceased alive on July 18, 1953, and that death occurred at July 19, 1953, from the causes and on the date stated above.

SIGNATURE (Degree or title) T J Olannar MD ADDRESS 4400 Bowen Rd SE. Wash. D.C. DATE SIGNED 19 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF July 22 53 NAME OF CEMETERY OR CREMATORY St Marys LOCATION (City, town, or county) Aquasco (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-20-53 REGISTRAR'S SIGNATURE M. L. Mourg

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 21 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (In this place) 1 Dog.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lanham
STREET ADDRESS (If rural, give location) Naval Avenue

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) Francis (Last) Long

4. DATE OF DEATH (Month) 7 (Day) 9 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 13, 1892
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Mid.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber
10b. KIND OF BUSINESS OR INDUSTRY Plumbing
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Long
14. MOTHER'S MAIDEN NAME Mary E. Hurley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W.I.
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

4 Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c) Coronary thrombosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE John J. Maloney (Degree or title) M.D. ADDRESS Dep. Med. Exam Hyattsville Md. DATE SIGNED 7-9-53

23. BURIAL, CREMATION REMOVAL (Specify) Entombment
DATE THEREOF 7-11-1953
NAME OF CEMETERY OR CREMATORY F.N. Lincoln Cemetery
LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. 7/10/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Garchi Sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 15 1953
REAU V. S.

Items 8,9: film G155 7-23-53 L

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)

LENGTH OF STAY (in this place) 21 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 100 E. St., N. W.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
CLARENCE	E	LYLES	7	6	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Separated	12/31/1902	50 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Counterman	Restaurant	Franconia, Va.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William T. Lyles	Mary Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes World War II	225-10-3101	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002 x

Immediate cause (a) pulmonary tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
/	/	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-15, 1953, to 7-6, 1953, that I last saw the deceased alive on 7-6, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Finucane — (DEGREE OR TITLE) M. D. — ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland — DATE SIGNED 7/6/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	7/9/53	Arlington National Cemetery	Arlington Co. Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7/6/53	Not Given	Wheatley Funeral Home - Alexandria Va.

VS-A15 8-51

RECEIVED
JUL 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly - — LENGTH OF STAY (In this place) 1 day -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Martin

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 13 July 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 1 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cheverly Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alton M. Martin

14. MOTHER'S MAIDEN NAME: Shirley King

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Premature (Asphyxia)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-13, 19 53, to 7-14, 19 53, that I last saw the deceased alive on 7-13, 19 53 and that death occurred at 5:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED 7-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 15 1953 — NAME OF CEMETERY OR CREMATORY Prospect — LOCATION (City, town, or county) Mt. Airy — (State) Md

DATE REC'D BY LOCAL REGISTRAR 7-14-53 — REGISTRAR'S SIGNATURE Adrian de Downey

24. FUNERAL DIRECTOR Olin L. Molesworth — ADDRESS Damascus Md

2073241261

VS. A16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

M

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Md
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3011 Lake avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Md
STREET ADDRESS (If rural give location) 3011 Lake avenue,.

3. NAME OF DECEASED: (Type or Print) (First) Sara (Middle) Blanchard (Last) Mc Gregor
4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1953
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Feb 29, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: John Hart
14. MOTHER'S MAIDEN NAME: Sara Jane Blanchard
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs Freda Peters Cheverly Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 4 days

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertensive C-V-D — 20 years

DUE TO (c) Diabetes — 5 years

(260X)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to July 17, 1953, that I last saw the deceased alive on 17 July, 1953, and that death occurred at 3:30 A.M. 23 July 1953 from the causes and on the date stated above.

SIGNATURE Thomas M. Hertelius (Degree or title) M.D. ADDRESS 7315 Landover Rd. Hyattsville Md. DATE SIGNED 23 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF July 24, 1953
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Crematory
LOCATION (City, town, or county) (State) Colmar Manor Md
DATE REC'D BY LOCAL REGISTRAR 7/24/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's Sons ADDRESS Hyattsville Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2118

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND — CITY (If outside corporate limits, write RURAL) and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 12 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS 6014-39th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr Geo — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — STREET ADDRESS (If rural, give location) 6014-39th Ave

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) (Last) Mitchelm

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid

8. DATE OF BIRTH

9. AGE last birthday: 84? yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Syria

12. CITIZEN OF WHAT COUNTRY? Syria

13. FATHER'S NAME: August Meyer

14. MOTHER'S MAIDEN NAME: Sarah Haddad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs Albert Mitchem - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Sclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

442.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident __, suicide __, homicide __, undetermined __.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John D. Malone M.D. Dep Md Exam — Hyattsville Md — 7-7-53

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF 7-9-53 — NAME OF CEMETERY OR CREMATORY Sweden Terrace Cem — LOCATION (City, town, or county) Hyattsville Md. (State)

DATE REC'D BY LOCAL REG. 7-7-1953 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS

E. Davidson — Hyattsville Md.

RECEIVED
JUL 10
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 325

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Maryland
STREET ADDRESS (If rural give location) 3511 Long Fellow Street

3. NAME OF DECEASED: (Type or Print) (First) Minnie (Middle) L. (Last) Miller

4. DATE OF DEATH: (Month) 7 (Day) 11 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: 9-19-1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: in own home
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William H. Sproesser
14. MOTHER'S MAIDEN NAME: Mary ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Christine Lockwood (daughter) 3511 - Longfellow St. Hyattsville

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 X

Immediate cause (a) Obstruction Sup. Vena Cava Syndrome — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Stomach — 6 mos

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19 , to July, 1953, that I last saw the deceased alive on July 10, 1953, and that death occurred at 2:15 A.m. from the causes and on the date stated above.

SIGNATURE Benjamin S. Miller (Degree or title) M.D. ADDRESS Mt. Rainier DATE SIGNED July 11 1953

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 7/13/53
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) (State) Washington, D.C.
DATE REC'D BY LOCAL REGISTRAR 7-12-1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Nalley's Funeral Home, Inc. ADDRESS 3200 R. I. Ave. Mt. Rainier Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): Since 1936
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brentwood
STREET ADDRESS (If rural, give location): 4310 40th Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JENNIE	ORPHA	MILLS	July	14	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	June 19, 1873	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife - Ret.	At Home	Missouri	U.S.A.

13. FATHER'S NAME: Daniel H. Mallory
14. MOTHER'S MAIDEN NAME: Minerva ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	None	Mrs. Edna M. Edwards

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Superior Vena Cava Syndrome	36 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Cholecystitis	3 days
	(c) Chronic Congestive Heart Failure	2 years

434.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED White at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from May, 1947, to July, 1953, that I last saw the deceased alive on July 13, 1953, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Benjamin S. Miller M.D. BENJAMIN S. MILLER, M. D.		#3824 34th St., Mt. Rainier, Md.	7/14/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 17, 1953	Mt. Hope Cemetery	Humboldt, Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-15-53	Amanda Downey	W.W. CHAMBERS CO.,	Riverdale, Md.

VS. A15

RECEIVED
JUL 22 1953
BUREAU V. S.

327

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY PRINCE GEORGE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALL
LENGTH OF STAY (In this place) 3 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HALL
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EVA (Middle) JONES (Last) MITZEL

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1953

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH Nov. 18, 1878
9. AGE last birthday 74 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) HARFORD CO., MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN WATSON
14. MOTHER'S MAIDEN NAME MARY E. CONNALLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT FLORA J. LANGELUTTIG

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	2 mos
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C V R disease	[illegible]
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 July, 1953, to 30 July, 1953, that I last saw the deceased alive on —, 19—, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE R. B. Fassler (Degree or title) MD ADDRESS Upper Marlboro, Md DATE SIGNED July 30, 1953

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8-2-53
NAME OF CEMETERY OR CREMATORY SLATE RIDGE
LOCATION (City, town, or county) DELTA, (State) PA.

DATE REC'D BY LOCAL REG. July 31, 1953
REGISTRAR'S SIGNATURE Agnes M. Yingling
24. FUNERAL DIRECTOR John H. Harkins, ADDRESS Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

329

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (In this place) Transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fields off Gunpowder Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 10104 - Brunett Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Samuel	Ashberry	Moody		7-	6-	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	4-6-34	29 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chef	Food	Pennsylvania	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Laurence Filmore Moody	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No WWII	Yes ?	Wife Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
E91.8		
Immediate cause	(a) Asphyxia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carbon monoxide poisoning	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ___ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Fields	(CITY OR TOWN) Laurel	(COUNTY) Pr. Geo.	(STATE) Md.
TIME OF INJURY (Month) 7- (Day) - (Year) 53 (Hour) m.	INJURY OCCURRED While at wnrk ☐ Not while at work X	HOW DID INJURY OCCUR? Asphyxiated while sitting in automobile		

22. *I certify that I took charge of the remains described above, held an Autopsy X / Inspection X / Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined X.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam.	Hyattsville, Md	7-6-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	July 7, 1953	Fort Lincoln Crematory	Prince Geo. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 10-53	M. Brashears	Warner C. Pumphrey	Silver Spring, Md.

RECEIVED
JUL 13 1933
BUREAU V. S.

Items 21&22 Film G157 8-21-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 1, Laurel
STREET ADDRESS (If rural, give location) 4408 Queensbury Road

3. NAME OF DECEASED (Type or Print) (First) Elijah (Middle) G. (Last) PADGETT
4. DATE OF DEATH (Month) July (Day) 30 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12/6/15
9. AGE last birthday 37 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self-employed
11. BIRTHPLACE (State or foreign country) Alabama
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Gordon E. Padgett
14. MOTHER'S MAIDEN NAME Alley O'Connor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY No. ?
17. INFORMANT AND ADDRESS Wife Mrs. Christine Padgett, Route 1, Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

983X Immediate cause (a) Contusion of brain

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Basal meningitis

(c) Fracture of skull

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Road nr. river
(CITY OR TOWN) nr. Patapsco River (COUNTY) Howard (STATE) Co. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) July 27, 1953 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Beaten - Struck on head

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide X, undetermined ☐.*

SIGNATURE R. E. Fisher (Degree or title) MD. ADDRESS 700 Fleet Street, Baltimore 2, Md. DATE SIGNED 7/31/53

23. BURIAL CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8-4-53
NAME OF CEMETERY OR CREMATORY FAIRMOUNT
LOCATION (City, town, or county) (State) Red Level Alabama
DATE REC'D BY LOCAL REG. 7/31/53
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR D. Arthur Walters ADDRESS 354 Carroll St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6A T

11733

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges County MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P G; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 6615 24th Ave

3. NAME OF DECEASED (Type or Print): (First) SOL (Middle) (Last) POSNACK

4. DATE OF DEATH: (Month) (Day) (Year) 7 - 31 - 1953

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday: 49 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Brooklyn, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nathan Posnack

14. MOTHER'S MAIDEN NAME: Rose Nilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Minnie Posnack

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure, probably myocardial infarction	15 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Severe myocardial infarction	6 months
	(c) Coronary atherosclerosis	several years

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Congestive heart failure with pedal and ankle edema — 6 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1953, to July 31, 1953, that I last saw the deceased alive on July 25, 1953, and that death occurred at 10:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Hugh S. Geiger, Jr., M.D.

ADDRESS: 2716 Kirkwood Place, apt. 102 W. Hyattsville, Md.

DATE SIGNED: July 31, 1953.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/2/53

NAME OF CEMETERY OR CREMATORY: King David Mem. Garden

LOCATION (City, town, or county) (State): Falls Church, Va.

DATE REC'D BY LOCAL REG.: July 31, 1953

REGISTRAR'S SIGNATURE: James Sevely

24. FUNERAL DIRECTOR: B. Dangandy & Son

ADDRESS: 3501-14th St. NW Washington, D.C.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 4 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P.G.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro
STREET ADDRESS (If rural give location) Rt #2 - Box #95

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Proctor

4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: July 28, 1953

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours 2 Min. 35

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph V. Proctor

14. MOTHER'S MAIDEN NAME: Elizebeth Dorothy (nee Proctor)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Joseph V. Proctor Rt. #2, Box 95, Upper Marlboro, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intracranial hemorrhage (diffuse into Sudbrain)

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at 2 10 A.M., from the causes and on the date stated above.

SIGNATURE Thomas A. Christensen (Degree or title) Md

ADDRESS College Park Md

DATE SIGNED 7/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/31/53

NAME OF CEMETERY OR CREMATORY Mt. Carmel

LOCATION (City, town, or county) Upper Marlboro, (State) Md.

DATE REC'D BY LOCAL REGISTRAR 7/31/53

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Ritchie Bros. Upper Marlboro, Md.

ADDRESS

207331740V

RECEIVED
AUG 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2c 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-55a

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarden — LENGTH OF STAY (in this place) 10 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenarden
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emanuel (Middle) Severe (Last) Proctor

4. DATE OF DEATH: (Month) 7 (Day) 21 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-19-50

9. AGE last birthday: 3 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Dist. of Columbia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James Lumpkins Proctor

14. MOTHER'S MAIDEN NAME: Thelma Newman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Father - Same address.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0 **Immediate cause** (a) Inhalation of fumes and shock.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 2nd & 3rd degree burns of upper body

(c) Conflagration in automobile.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Glenarden (COUNTY) Pr. Geo. (STATE) Md.

TIME OF INJURY (Month) 7 (Day) 21 (Year) 1953 (Hour) A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Burned by flames in car accident.

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes __, accident X, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) John J. Malamphis D.O. M.D. ADDRESS Prince Geo. Gen. Hosp. Hyattsville Md. DATE SIGNED 7-21-53

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF 7/22/53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. 7-22-53 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR - ADDRESS Henry A. Saunders Sons 467 N St. N.W. D.C.

1953

RECEIVED
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]333

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Camp Springs
LENGTH OF STAY (in this place) 12 years
~~HOSPITAL OR INSTITUTION OR~~ STREET ADDRESS 5416 Middleton Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Camp Springs
STREET ADDRESS (If rural give location) 5416 Middleton Lane

3. NAME OF DECEASED: (Type or Print) (First) Iva (Middle) (None) (Last) Pyles

4. DATE OF DEATH: (Month) July (Day) 29, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 25, 1891

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Silver Hill, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S. of A.

13. FATHER'S NAME: George W. Ridgeway

14. MOTHER'S MAIDEN NAME: Henrietta Anderson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: (Husband) Ernest Pyles – 5416 Middleton Lane

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

144X

Immediate cause (a) Metastatic Carcinoma to Left Upper Humerus & Rt. Upper Femur & Pathological Fracture — Known for 1 mo.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Tumor of Palate — " 1½ yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio-vascular-Renal Disease — " 1½ yrs. Arteriosclerosis Generalized — Many Years.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from January, 1952, to July 29, 1953, that I last saw the deceased alive on July 29, 1953, and that death occurred at 7 00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walcott W. Gibson, M.D. ADDRESS 2412 Minnesota Ave. S.E., DATE SIGNED Washington 22, D.C.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF July 31-53 — NAME OF CEMETERY OR CREMATORY Bell's M. E. Cemetery — LOCATION (City, town, or county) Camp Springs (State) Md

DATE REC'D BY LOCAL REGISTRAR July 29-53 — REGISTRAR'S SIGNATURE Howard J Bell

24. FUNERAL DIRECTOR Simmons Bros. ADDRESS 2007 Nichols Ave S.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
AUG 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5519 Parkland Ct.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 5519 Parkland Ct.

3. NAME OF DECEASED (Type or Print) (First) H. (Middle) Louis (Last) Robey
4. DATE OF DEATH (Month) July (Day) 17, (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 7-2-1901
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist
10b. KIND OF BUSINESS OR INDUSTRY Retail Florist
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Harry L. Robey
14. MOTHER'S MAIDEN NAME Annie Irene Cissell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Son - Milton [illegible] Robey 5519 Parkland Ct.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
42 1 Immediate cause	(a) Congestive Heart Failure	1 1/2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Insufficiency - Coronary Heart Dis.	2 yrs
	(c) Old Rheumatic Heart Disease Mitral Insuffic.	30 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 15 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20, 1952, to 7-17, 1953 that I last saw the deceased alive on 7-17, 1953, and that death occurred at 11 P.m., from the causes and on the date stated above.

SIGNATURE John L. Cutarco, MD (Degree or title) ADDRESS 3801 Suitland Rd, S.C. DATE SIGNED 7-17-53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 7/20/1953 NAME OF CEMETERY OR CREMATORY Epiphany LOCATION (City, town, or county) Forestville, Md (State)

DATE REC'D BY LOCAL REG. 7/18/53 REGISTRAR'S SIGNATURE Amanda Downey Howard J Beall
24. FUNERAL DIRECTOR Robert A Mattingly ADDRESS Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 335

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chenerly
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) Laurel Park

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) (Last) Rogers
4. DATE OF DEATH: (Month) (Day) (Year) July 17 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: May 26, 1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Ret ATTENDANT
10b. KIND OF BUSINESS OR INDUSTRY: DISTRICT TRAINING SCHOOL
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thad Rogers
14. MOTHER'S MAIDEN NAME: Lura Ruff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Rosalie J. Rogers, 312 Second St. Laurel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4331
Immediate cause (a) Myocardial Infarction
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED Wh... Wor... Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the dece...d from 3 Jan 19 8, to July 17, 1953, that I last saw the deceased alive on Nov 1953, and that death occurred at 12 20 A.m. from the causes and on the date stated above.
SIGNATURE (Degree or title) Robert P. Whipple, M.D. ADDRESS 402 Nevin St. Laurel, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/20/53
NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery
LOCATION (City, town, or county) Dorsey, (State) Maryland
DATE REC'D BY LOCAL REGISTRAR 7/17/53
REGISTRAR'S SIGNATURE A.W. Hedrich dmr.
24. FUNERAL DIRECTOR Wm. Cook Inc., 1217 St. Paul St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7209-Cherry Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D.C.
STREET ADDRESS (If rural, give location) 1737-8th St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Wilfred (Middle) (Last) Ross

4. DATE OF DEATH: (Month) 7 (Day) 25 (Year) 1953

5. SEX: Male — 6. COLOR OR RACE: Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: 7-15-1918 — 9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Wash. D.C. — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Ross — 14. MOTHER'S MAIDEN NAME: Helen Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. II — 16. SOCIAL SECURITY No.: ? — 17. INFORMANT AND ADDRESS: Mother -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

543X **Immediate cause** (a) Acute hemorrhagic pancreatitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Peptic gastritis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* X *Inspection* X *Inquiry* X *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* X *accident* ' ' *suicide* ' ' *homicide* ' ' *undetermined* ' '.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. — Hyattsville, Md. 7-25-53

27. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

7-25-53 W.C. Jones Fun. Home 1432 U St. N.W. Wash. D.C.

DATE REC'D BY LOCAL REG. 7-25-1953 — REGISTRAR'S SIGNATURE Amanda Dowdey — 24. FUNERAL DIRECTOR — ADDRESS

W.C. Jones 1432 U St. N.W.

7-27-1953 James Percy — 1632 9th St. N.W. Wash. D.C.

VS. A15A

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JUN 29 1953
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cavanaugh — LENGTH OF STAY (In this place) 1½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brandywine R.F.D. 1,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 5025 PINE STREET

3. NAME OF DECEASED (Type or Print): (First) William (Middle) FOTTERALL (Last) Russell

4. DATE OF DEATH: (Month) 7 (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 10 1895

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sergeant at Arms

10b. KIND OF BUSINESS OR INDUSTRY: House Office

11. BIRTHPLACE (State or foreign country): PHILADELPHIA PA.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: WILLIAM B. Russell

14. MOTHER'S MAIDEN NAME: BLANCHE ABBEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): Yes (If yes, give war or dates of service): WW I.

16. SOCIAL SECURITY NO.: 166-69-9900

17. INFORMANT AND ADDRESS: Mrs. Hector W. Russell - 5025 Pine St Phila. Pa.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Intra Cranial hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James D. Boyd (Degree or title) M.D. ADDRESS: Forestville Md. DATE SIGNED: 7-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 10 1953 | NAME OF CEMETERY OR CREMATORY: Arlington Cemetery | LOCATION (City, town, or county) (State): Drexel Hill, Penna

DATE REC'D BY LOCAL REG.: July 10, 1953 | REGISTRAR'S SIGNATURE: J. H. Billingsley | 24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers Co - Riverdale Md.

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JUL 13 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231 ... 538

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) Dec.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington — COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D.C.
STREET ADDRESS (If rural, give location) 28 Fenton Court, N.W.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) (Last) Shorter

4. DATE OF DEATH: (Month) 7 (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.

8. DATE OF BIRTH: 2-6-1882

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Laundry Wkr.

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Unk.

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT AND ADDRESS: Bertha E. Stewart

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Massive lacerations of skin & lower extremities and skin and muscle of buttocks
(c) Compound, comminuted fractures of lower extremities

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street — (CITY OR TOWN) Colmar Manor — (COUNTY) Pr. Geo. — (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-26-53- 2:30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Struck by tractor trailer while walking across the street

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John J. Mahoney — (Degree or title) M.D. Dep. Med. Examr. — ADDRESS: Hyattsville, Md. — DATE SIGNED: 7-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF: 7-27-53 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): St. Joseph's Fun. Home 3016 14th St. N.W. Wash. D.C.

DATE REC'D BY LOCAL REG.: 7-27-53 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: St. Joseph's Funeral Home Wash. D.C.

RECEIVED
JUL 29 19[illegible]3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (07339)

CERTIFICATE OF DEATH

Reg. Dist. No. 2031

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Cheverly
LENGTH OF STAY (in this place) 1 day -
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN silver Hill. Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Charles (Middle) (Last) Soper
4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1953.
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 23 1887
9. AGE Last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farm Hand
10b. KIND OF BUSINESS OR INDUSTRY: Clifton Farms
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.a
13. FATHER'S NAME: Wm H. Soper
14. MOTHER'S MAIDEN NAME: Annie T Richardson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Annie E. Baldwin Berwyn Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X
Immediate cause (a) Anoxemia of vital centers — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Diffuse cerebral thrombosis — 24 hours
DUE TO (c) Cerebral arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19.., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 7:47 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Benjamin S. Miller M.D. Mt. Rainier July 20 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/22/53
NAME OF CEMETERY OR CREMATORY Bell Cemetery
LOCATION (City, town, or county) (State) Camp Springe Md
DATE REC'D BY LOCAL REGISTRAR 7-22-1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Fischer sons
ADDRESS Hyattsville Md

RECEIVED
JUL 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

1 PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural give location) 4502 - 32nd Street

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) (Last) Spiers
4. DATE OF DEATH: (Month) July (Day) 30 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	W	Nov. 9, 1884	69 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): H.W.
10b. KIND OF BUSINESS OR INDUSTRY: own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John ?
14. MOTHER'S MAIDEN NAME: Susan Rogers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Edna Frank - Brentwood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1
Immediate cause (a) Primary Hepatoma of Liver, DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... Carcinoma of Liver DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 July, 1953, to 30 July 1953, that I last saw the deceased alive on 29 July, 1953, and that death occurred at 2.05 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) Leon L Gallin MD.
ADDRESS 3827-34th St Mt. Rainier Md.
DATE SIGNED 30 July 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 2 1953
NAME OF CEMETERY OR CREMATORY Rivermew Memorial Park
LOCATION (City, town, or county) (State) Wayne Ford Pa

DATE REC'D BY LOCAL REGISTRAR 7-31-1953
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Blanche Roth
ADDRESS Hyattsville, Md.

RECEIVED
AUG 5 - -
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 41-245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY PRINCE GEORGES MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
LENGTH OF STAY (in this place) 32 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4212 JEFFERSON ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: PRINCE
STATE MARYLAND COUNTY GEORGES
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HYATTSVILLE
STREET ADDRESS (If rural give location) 4212 JEFFERSON ST.

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) EDGAR (Last) STEELE

4. DATE OF DEATH: (Month) JULY (Day) 20, (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JAN. 20, 1886

9. AGE last birthday: IF UNDER 1 YEAR | IF UNDER 24 HRS.
(Months) | (Days) | (Hours) | (Min.)
67 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): STATISTICIAN

10b. KIND OF BUSINESS OR INDUSTRY: C. & P. TELEPHONE Co

11. BIRTHPLACE (State or foreign country) BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH UNDERWOOD STEELE

14. MOTHER'S MAIDEN NAME: FLORENCE BELLE RICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 577-01-0852

17. INFORMANT & ADDRESS: MRS. FLORINE C. STEELE (WIDOW) 4212 JEFFERSON ST., HYATTSVILLE, MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PNEUMONIA, ALL LOBES, BOTH LUNGS

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

Interval Between Onset And Death: 2½ DAYS

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right hemiplegia from cerebrovascular accident, April 1951; pulmonary hypostasis and general debility; generalized and cerebral arteriosclerosis, facial paralysis of tongue and larynx.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 8, 1953, to JULY 20, 1953, that I last saw the deceased alive on JULY 20, 1953, and that death occurred at 9:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hugh S. Seeger, Jr., M.D.
ADDRESS 2716 Kirkwood Place, Apt. 102, W. Hyattsville, Maryland.
DATE SIGNED JULY 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 7/23/53
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery, Baltimore, Maryland
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR July 24 1953
REGISTRAR'S SIGNATURE James Percy

24. FUNERAL DIRECTOR W. W. CHAMBERS Co
ADDRESS RIVERDALE MD.

RECEIVED
JUL 23 1953
BUREAU V. S.

0734

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyvert
LENGTH OF STAY (in this place) Dead on arrival
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Jewel Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Penns Grove
STREET ADDRESS (If rural, give location) 3 Mil [illegible] Avenue

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Steffier
4. DATE OF DEATH (Month) 7 (Day) 5 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 2, 1932
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier
10b. KIND OF BUSINESS OR INDUSTRY U.S. Army
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Leo Steffier
14. MOTHER'S MAIDEN NAME not obtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) active
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS Walter Reed Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and shock

823 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crush pelvis and abdomen

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 301
(CITY OR TOWN) Upper Marlboro (COUNTY) P.G. (STATE) Md
TIME OF INJURY (Month) 7 (Day) 5 (Year) 53 (Hour) 11:30 pm
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Car, [illegible] off road and [illegible]

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ therein and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James F. Boyd M.D. (Degree or title) ADDRESS Forestville Md DATE SIGNED 7-6-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7-6-1953
NAME OF CEMETERY OR CREMATORY Walter Reed Hosp.
LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. 7/4/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Rinaldi Funeral Home ADDRESS 816 - H. St. - N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JL 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lakeland; LENGTH OF STAY (In this place): 20 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4800 Navahoe Avenue,.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lakeland Md; STREET ADDRESS (If rural, give location): 4800 Navahoe Avenue,.

3. NAME OF DECEASED (Type or Print): (First) Annabelle (Middle) (Last) Stroud

4. DATE OF DEATH: (Month) July (Day) 12, (Year) 1953 -- 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2/28/1896

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Morristown Tennessee

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Bert Halliburton

14. MOTHER'S MAIDEN NAME: Allie Greenlee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Charles Stroud Lakeland Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Acute congestive heart failure — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(260X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Reg. Med. Examr. Hyattsville Md 7-13-53

23. BURIAL, CREMATION OR REMOVAL (Specify) Removal; DATE THEREOF 7/13/53; NAME OF CEMETERY OR CREMATORY; LOCATION (City, Town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 7/13/53; REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS: Henry L Washington & Sons 462 N

John D. Smith mnb

et N. W.

RECEIVED
JUL 21 1953
BUREAU

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural, give location) Good Luck Road.

3. NAME OF DECEASED (Type or Print) (First) Harford (Middle) Stanley (Last) Sidler

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1953

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 8/19/1890 | 9. AGE last birthday 63 yrs. | If under 1 year Months Days | If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Self | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George W. Sidler | 14. MOTHER'S MAIDEN NAME Sara Frances Quaintance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) None (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. 217-32-1107 | 17. INFORMANT AND ADDRESS Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exm. - Hyattsville, Md. 7-26-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/28/53 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln | LOCATION (City, town, or county) Prince George Md. (State)

DATE REC'D BY LOCAL REG. 7/27/53 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR F. W. Lambers Co. 5811 Cleveland Ave. Riverdale Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 29
BUREAU V. S.

345

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly
LENGTH OF STAY 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY V
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington D.C.
STREET ADDRESS (If rural, give location) 1309-17th Street N.W.

3. NAME OF DECEASED (Type or Print) (First) Anthony (Middle) Arthur (Last) Troynar
4. DATE OF DEATH (Month) 7 (Day) 15 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Div.
8. DATE OF BIRTH 11-26-1910
9. AGE last birthday 41 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personnel interviewer
10b. KIND OF BUSINESS OR INDUSTRY Unemployment Compensation Com.
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Louis Troynar
14. MOTHER'S MAIDEN NAME Anna Dzlawly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Sister - 2712-30th St. S.E. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816X Immediate cause (a) Hypostatic pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull

(c) Automobile Collision

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) Beltsville (COUNTY) Pr. Geo. (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 5 (Year) 53 (Hour) 12:20 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Collision between 2 automobiles

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE John J. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly, Md. DATE SIGNED 7-15-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-20-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Arlington, (State) VA.
DATE REC'D BY LOCAL REG. 7/17/53
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J. Wm. Lee Son CO. ADDRESS Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 22 23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2-43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Glenn Dale (rural)
LENGTH OF STAY (in this place) 1 yr., 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 707 G. St., S. E.

3. NAME OF DECEASED: (First) Frank (Middle) (Last) Vernon
4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	4/26/1889	64 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Raymond Owens	Washington, D. C.	USA

13. FATHER'S NAME: John H. Vernon
14. MOTHER'S MAIDEN NAME: Jane ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	Unknown	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
092X Immediate cause	(a) Pulmonary Tuberculosis	DUE TO	15 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	DUE TO	
162X	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchogenic Carcinoma, L. Lung — unknown

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from June 30, 1952, to 7-22, 1953, that I last saw the deceased alive on July 21, 1953, and that death occurred at 6:55 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Finucane (DEGREE OR TITLE) M. D. ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED 7/22/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/25/53	Cedar Hill Cemetery	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/27/53	Mae Wells	W. W. Chambers Co.	517-11th St. S.E.

RECEIVED
JUL 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (rural)

LENGTH OF STAY (in this place) 1 yr., 7 mos., and 13 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY -

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 1413 14th St., N. W.

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) R. (Last) Wall

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated

8. DATE OF BIRTH: 7/12/1894

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Budget Officer

10b. KIND OF BUSINESS OR INDUSTRY: US Government Dept., of Defense

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Wall

14. MOTHER'S MAIDEN NAME: Mary Crimmins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -

16. SOCIAL SECURITY NO.: 109-22-1776

17. INFORMANT & ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

002X

Immediate cause (a) Chronic Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: 1 year 4 mos

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Pulmonary tuberculosis — 2 year 4 mos

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 23rd, 1951, to July 6th, 1953, that I last saw the deceased alive on July 5th, 1953, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Finucane (DEGREE OR TITLE) M.D. ADDRESS Glenn Dale Sanatorium Glenn Dale, Maryland DATE SIGNED 7/6/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7/9/53

NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 7/6/53

REGISTRAR'S SIGNATURE Moe Weiss

24. FUNERAL DIRECTOR Francis J. Collins - 3821 ADDRESS 14th St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-51

RECEIVED
JUL 10 1953
BUREAU V S

Item 3 FilmG157 8/3/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07348

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Prince George — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly

LENGTH OF STAY (in this place): 4 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Mass — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Melrose

STREET ADDRESS (If rural give location): 46 Youle Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Thomas	C.	Wallace	July	3	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white		Apr 13, 1869	84 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired		Niagara Falls, Canada	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Andrew Wallace	Louise Liddle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
/			Mrs. Edwards

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Bladder — DUE TO

(c)

Interval Between Onset And Death: (a) 4 days (b) 2 yrs ago

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June 28, 1953, to July 2, 1953 that I last saw the deceased alive on July 2, 1953, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Thomas J. Fulcher, M.D.	7315 Landover Rd Hyattsville, Md	3 July 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-4-53	Melrose, Mass.	Melrose, Mass

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-3 / 7/53	Amanda Dorony	Joseph Gawler Sons	1756 Penn Ave. N.W. Wash. D.C.

RECEIVED

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 302 Thomas Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo's.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 302 Thomas Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Horace	Wilbur	Ward	July	26	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	married	March 3 1912	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
welder	iron welding shop	Savage Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Bernard Ward	Grace L. Redmond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	212-18-7105	Mrs Laura Maine Ward Laurel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis — 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22, 1953, to 7/26, 1953, that I last saw the deceased alive on 7/26, 1953, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert S McGreevy M.D.		402 Main St Laurel Md	7/27/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 28 1953	Ivy Hill Cemetery	Laurel Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 28-53	M. Brashears	Nevett Donaldson	Laurel Md.

RECEIVED
JUL 3[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. (25) 326

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY ~~Montgomery~~ Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ranier — LENGTH OF STAY (in this place) 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4408-31 St. Mt. Ranier

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY ~~Montgomery~~ Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ranier
STREET ADDRESS (If rural, give location) 4408-31 St.

3. NAME OF DECEASED: (Type or Print) (First) Lizzie (Middle) Evelyn (Last) Ward

4. DATE OF DEATH: (Month) 7 (Day) 7 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 25, 1869

9. AGE last birthday: 84 yrs.

IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Marion Cty. Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William W. Johnston

14. MOTHER'S MAIDEN NAME: Margaret Ann Simms

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Charles R. Russell — 4408-31 St Mt. Ranier — son-in-law

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
442 X
Immediate cause (a) cardio vascular renal disease — Interval Between Onset and Death: 6 mo
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) arthritis deformans — 34 yrs.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) Mount Ranier (COUNTY) ~~Mont~~ P.G. (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 48, 19..., to July 7, 1953, that I last saw the deceased alive on July 6, 1953, and that death occurred at 4.05 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. (ADDRESS) 1822 Belmont Rd N.W. Wash D.C. DATE SIGNED July 7, 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE OF DEATH 7/9/1953

NAME OF CEMETERY OR CREMATORY: Topeka Cemetery

LOCATION (City, town, or county) Topeka (State) Kansas

DATE REC'D BY LOCAL REG. July 8 1953

REGISTRAR'S SIGNATURE James Devey

21. FUNERAL DIRECTOR W. W. Chandler Co — ADDRESS Riverdale, Md.

RECEIVED
JUL 10 1953
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

7351

Reg. Dist. No. 230

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt — LENGTH OF STAY (In this place) transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS In front of 30 Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 9200 Baltimore Drive

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	Clara	Weed	7	27	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Female	White	Div.	4-4-1888	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurse	—	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Klatz	Lena Russel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Daughter - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute congestive heart failure	
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiovascular disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D.	Dep. Med. Exam. Hyattsville, Md	7-29-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/30/53	Parkwood Cemetery	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7-30-53	Amanda Downs	F Gasch's Sons	Hyattsville Md.

John D. Smith Asst.

RECEIVED
AUG 3 1953
BUREAU V. S.

07352

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Hgts
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 605 - 62 ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount Hgts.
STREET ADDRESS (If rural, give location) 605 - 62 - ave

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) Ellen (Last) West
4. DATE OF DEATH (Month) July (Day) 17 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH 3/25/80
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C. 48
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Coleman
14. MOTHER'S MAIDEN NAME Rebecca Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Alice B. Page

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Hemorrhage	1 MONTH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15 1953 to July 17, 1953 that I last saw the deceased alive on July 17 1953 and that death occurred at 1140 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 7/17

H. E. Beldon, M.D., 4423 Hunt Pl. N.E., Washington, D.C.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-22-53
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Virginia

DATE REC'D BY LOCAL REG. July 18, 1953
REGISTRAR'S SIGNATURE Campbell Carrie Amanda Downey
24. FUNERAL DIRECTOR Robert Campbell #265-423-4th St SW Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUL 27 1953
BUREAU V. S.